

FILED NOV 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36517

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 209 | | PRIMARY REG. DIST. NO. 3043 | | Registrar's No. 373 | |
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London Rural Clay Judd</u> | | d. STREET ADDRESS (If rural, give location) <u>0870</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Becky Thatcher Rest. Home</u> | | | | 3. NAME OF DECEASED a. (First) <u>EMMA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>CALDWELL</u> | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 24 '53</u> | | 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | |
| 8. DATE OF BIRTH <u>APR. 4 1882</u> | | 9. AGE (In years last birthday) <u>71</u> | | 10. UNDER 1 YEAR Months | | 11. UNDER 24 HRS. Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Frankford Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>FREDERICK WALDSCHLAGER</u> | | 13b. MOTHER'S MAIDEN NAME <u>NANCY MEFFORD</u> | | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM CALDWELL</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jimmy Remond New London Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>447X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>OCT 24, 1953</u> , to <u>OCT 24, 1953</u> , that I last saw the deceased alive on <u>OCT 24, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Frank E. Sudd</u> | | | | 23b. ADDRESS <u>Hannibal Mo</u> | | 23c. DATE SIGNED <u>OCT 30 53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 27 53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Frankford Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>10-30-53</u> | | REGISTRAR'S SIGNATURE <u>W. C. Miller</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James W. Son</u> | | ADDRESS <u>Frankford Mo</u> | |

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 4 1953

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED NOV 4 1953

JAN 20 1954
1953 02 1447

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Lee J. McGowan*

Licensed Embalmer No. *4093*

P. O. Address *Frankford Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.